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CASES IN PATHOLOGICAL ANATOMY.

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[Communicated for the Boston Medical and Surgical Journal.—Continued from p. 344.]

IV.—Oct. 20, 1835.—Was called to make a post-mortem examination of Mr. Rufus Hills, of Chester, N. H. an intelligent young man, who had been under my care about a year and a half. When about ten years of age, he had been confined to his back for about eighteen months with what was considered rheumatism, but from the very great distortion of the bones of the pelvis which remained, an ankylosis of the right hip, and the exfoliation of pieces of bone from about the trochanter major, I presume the disease was not of that character. Within a few years after his convalescence from this malady, he began to be afflicted with the symptoms of urinary calculus, for the treatment of which he was under the care of various practitioners without relief. For a short period he was at the Massachusetts General Hospital, where he was treated for chronic inflammation of the bladder, no stone being detected by sounding. He was subsequently sounded, as he informed me, by Dr. Renton, of Concord, N. H. but without this positive evidence of the existence of calculus being elicited. Last June he was subjected to a similar examination by Dr. Mussey, of Dartmouth College, with the same unsuccessful result; nor was it in my power ever to convince myself satisfactorily that I touched the stone, although I repeatedly made the attempt with a great variety of sounds and under various circumstances.

I was first called to advise in his case on account of an obstruction in the urethra just posterior to the serotum, made by some foreign substance, which he, probably having in mind the former exfoliations from the hip, from its irregular and pointed surface was inclined to think was bone. It had first been noticed about three weeks previous, by the partial obstruction of the urine, and it had immediately been followed by some kind of convulsive affection, which had nearly proved fatal. On removing the substance, which was easily effected by the urethra forceps, it proved to be a calculus of an irregular, rectilinear figure, with several long and pointed projections. No amelioration of his general symptoms resulted. A month or two afterwards, a second stone descended into the bulb of the urethra, so as entirely to close the urinary canal. With considerable difficulty, owing to its size, ovoid figure and smooth surface, this was removed by the same instrument.* Its smallest circumference

* Perhaps the instrument by which this is so conveniently effected, may be advantageously described to such as have not seen this form of urethra forceps, as I think, with slight modification, it may be of considerable utility for other purposes in surgical practice.

proved to be one and a half inches. All the usual palliative means were employed to render his existence as tolerable as possible, but the unfortunate sufferer was eventually worn out by the irritation and discharge of pus. The lateral operation of lithotomy was impracticable in his case, on account of the pelvic distortion, had the other circumstances of the case been such as to have warranted the attempt.

On examination, eighteen hours post-mortem, the region of the abdomen just above the pubes was noticed to have a bluish and shining surface slightly elevated; a slight touch of the scalpel, intended to pass through the skin only, cut into the bladder, from which a pint or more of purulent matter was discharged. On further examination, the whole of that viscus was found in a state of morbid alteration; adhesions formed in every direction to the neighboring parts; its membranous appearance wholly lost, and its muscular structure developed in palpable fleshy masses. A stone presented itself, which was embraced by the fundus of the bladder, which had, it was judged, become retro-verted in such manner that a small portion, forming a kind of curved horn by which it was suspended, only was presented within the usual cavity, against which the end of the sound only could have impinged. On removal, the calculus was found of the size of a hen's egg, and of the triple phosphate composition. The two portions which had escaped into the urethra had evidently been separated from the horn-like process or extremity, which was not, like the body of the stone, embraced by the bladder, or, as it were, sacculated.

Two circumstances of interest present themselves in this case; 1, the mode in which so large a calculous formation had been so completely masked, as to frustrate all endeavors to reach it with the sound; and 2, the probability that had his life been maintained a few days longer, a natural supra-pubic operation of lithotomy would have been effected by ulceration.

V.—Death from inanition.—Was invited, in conjunction with several other physicians, Jan. 1834, to make an autopsy of the late Dr. Samuel K—, aged about 28, son of the Rev. Mr. K—, of H—, N. H.

tice, such as the removal of foreign substances from the oesophagus, or, in short, whenever strong forceps are required in deep cavities. It consists simply of a straight silver canula ten or twelve inches long, through which a wire of steel is passed, which is split at its extremity into two branches, each terminating in half a sphere, so that when closed, a round end is formed for easy introduction. These branches are sprung apart by their own elasticity, and are closed when they are drawn within the canula. When introduced closed, within the urethra, they detect a calculus with the certainty of a steel sound; if the canula is then drawn back an inch or two, the branches open and the stone is insinuated between them. The canula being then shoved down, the forceps are closed. I find this simple instrument described in the surgical works of Gooch, published nearly a century since.

While on this subject, I am reminded of a mode of overcoming the inconvenience arising from the holes of the catheter becoming plugged up by coagulated blood, &c. in cases of retention of urine. I have resorted to it repeatedly in cases of diseased prostate, where from the necessarily slow introduction of the catheter, its eyes become obstructed. It consists in winding half an inch of the catheter wire with a thread, in such manner that, when oiled, it may exactly fill the calibre of the instrument. When the catheter is in the bladder, let the wire be withdrawn, and the water will follow on the obvious principle of suction. To some practitioners this simple device may be new, and if so, is well worth having been communicated.

He went from home some years since, and was engaged in practice in Delaware Co., N. Y. and thence to Baton Rouge, La. where he probably became insane, as was evinced in letters to his friends. About a year since, he unexpectedly returned to his native place, ragged, miserable, and outrageously maniac. He was sent to the McLean Asylum, where he remained five months without benefit, or prospect of relief. He was then brought back to his father's house, and placed in a cage, which became indispensable for his own and the public security. Fifty-eight days previous, he refused to eat, and it appears from the most undoubted evidence that he had not eaten "the value of one full meal." I am satisfied that during this time, the whole amount of food ingested had not exceeded a pound, nor had there been any alvine evacuation. For some days prior to his death, his expectoration was sanguinolent, and the urinary discharge was likewise colored with blood. He had drank water freely, throughout.

The degree of emaciation was extreme ; there having been an absorption of almost every particle of fatty matter. In neither of the three great cavities were any considerable morbid alterations developed. A slight vascular congestion of the brain and its meninges, and a small quantity of limpid serous effusion between them, existed. The thoracic organs, excepting an unnatural paleness, were natural. The abdominal viscera were exsanguined ; the stomach and colon contracted in dimensions ; the latter containing a small quantity of indurated, scybalous faeces ; the gallbladder was distended, to its utmost extent, with a dark-colored, indeed almost black, bile.

The pathological considerations in this case, in addition to the length of time to which life was protracted without any considerable amount of food, which are most prominent, are, the exudation or secretion of the sanguinolent fluid into the pulmonary and urinary passages, and the evident increased vascular action about the brain evinced by redness and congestion, whilst all the other organs were comparatively bloodless. It is a curious circumstance, also, although by no means novel, that the mental aberration remained unaffected in degree and character, throughout all the physical changes which must have occurred before life was extinguished. I would remark in advance of the interrogation being made, why forcible measures were not employed to supply nutriment through the œsophagus tube, that I did not see this patient prior to his death.

VI.—Death from obesity.—Mrs. P_____, wife of Moses C. P_____, Esq. aged about 50, died in Dec. 1834. She had long been encumbered with extraordinary obesity. Some six months before her death, the bulk of her abdomen seemed to sink down, leaving her from one to two feet less in circumference about the waist, than she had been ; and extending considerably beyond her knees when sitting. This subsidence gave the impression as if an universal ventral hernia had occurred. She began to fail with few and anomalous symptoms, rather resembling peritoneal inflammation than anything else ; but doubtless produced by the tension of the enormous bulk and consequent irritation. Towards the last days of her life, symptoms of an apoplectic character supervened : not, however, till her health was entirely destroyed from the other causes.

On examination, no traces of disease within the abdomen were discovered ; which was the only cavity examined, and that but imperfectly, on account of the unmanageable unwieldiness of the corpse. Her weight at the time of death was not less than 350 pounds ; in person, she was not above the middle height, and of a slight frame.

P. S.—Dr. James Johnson, in the Med. Chirurg. Review, makes the following remarks. “ Some persons' minds are most felicitously constituted ; they believe that they are born to enlighten mankind, and, Shiloh like, they look upon their stripes as evidence of their mission. Happy fools ! propound your schemes, concoct your theories—if the world laughs at you, laugh at it—if it beats you, defy it—if it for a moment credits you, gull it.” This class of individuals, stimulated by a prurient desire of notoriety, or selfishly sagacious enough to see the occasional beneficial effects of opposition in raising, what if neglected would soon sink into original insignificance, seem anxious to appropriate all blows which are going, to their own crania. Like Mawworm, they can truly say, “ *I loves to be persecuted.*”

These reflections occurred to me in noticing some remarks on my *Essay on Diet*, in two late numbers of this Journal, by a person of the name of S. Graham. In divers places, a reader would suppose that I had *really* made some reference or allusion to this individual ; e. g. “ I say not these things boastingly [!!!] but in frankness, to show medical gentlemen that I am neither a fanciful speculator, nor ‘ Utopian dreamer,’ as Dr. Bell sarcastically insinuates.” I would only remark, that, “ though not to know him, may argue myself unknown,” I never have had any knowledge of this person or his “ doctrines,” other than seeing notices of his perambulating the country in the capacity of an itinerant lecturer on something or other which he calls “ *The Science of Life,*” and having weekly to read in the Boston newspapers, *usque ad nauseam*, a series of inflated puffs on his performances, bearing a marvellous resemblance to each other. I beg leave to assure him that I had game in my eye of a higher grade entirely, than that which his inordinate conceit pointed out to him, as he may see by recurring to the advertisement of the separate edition of my essay ; nor would I willingly have those who know me, suppose that I could have been combatting such an adversary.

Whilst I acknowledge the “ psychological” “ nemiyet” of my obligations to this *modest, lucid, and scientific* reviewer, for not scalping me nor tomahawking me, as he says he might so easily have done, as well as my still greater debt for his magnanimity in not bearing away the prize which the Boylston Committee so stupidly adjudged to so contemptible a performance as mine, I trust he will accept a few words of advice in return for the sage counsel he has lavished on me ; viz. that he should not, like Scrub in the Comedy, think “ everybody is talking about him, because they laugh so consumedly.” I also hope that he will forgive my ignorance in not knowing that he had “ for twenty years ” explored the relations between mind and matter, “ in all its length and breadth,” and attribute it to my being “ of Derry ” (which important fact he reiterates again and again), and in the humble obscurity of a country prac-

tioner had not learned that S. Graham, of —— ? had “fully explored” what I had supposed (“weak” “young” man that I was !) to be within the ken of Omnipotence alone.

To conclude ; in comparing the opening flourish of this “learned Theban,” with the actual burden of his remarks, that old distich occurs as not inappropriate—

“The King of France, with twenty thousand men,
Marched up a hill,” &c.

January, 1836.

L. V. BELL.

REMARKS ON MIDWIFERY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—My small communication in Vol. XII. page 319, of your Journal, has elicited some remarks from gentlemen of talents, who have thrown much light upon a subject which is not only important in establishing medical facts, but also in exonerating the profession from the charge of being instrumental in abridging human life—a charge engendered by ignorance, nursed by avarice, and sustained by prejudice and appeals to the baser passions of mankind. Although I have never felt any compunctions of conscience on account of the treatment of the case there detailed, yet to be countenanced by so many of your valuable correspondents, particularly by the distinguished gentleman of Connecticut, gives me renewed confidence to pursue more zealously the devious path of our profession—a path seldom strewed with flowers—a profession which, though it aims to promote the best interests of mankind, a diminution of human misery and suffering, and the increase of human happiness, yet is but too often rewarded with ingratitude, contumely and reproach. But of this I deem it beneath true dignity to utter useless complaints.

In Vol. XIII. page 269, of this Journal, is a communication from Dr. Jewett, of Vermont, noticing my remarks upon midwifery in Vol. XII. page 348, wherein the Dr. seems to fear that I shall infringe upon the orthodox practice of midwifery, and “mislead the younger part of the profession.” I cannot boast of much “experience” (I beg pardon, sir, for the quotation : I venerate age and wisdom, but it seems to be the fashion of the times to take shelter behind that polysyllabic word, as if it contained some magic charm) ; but I can say I have spent some years of pretty close observation in an extensive but variegated country practice, and that I have not as yet seen any sufficient cause to deviate from the course mentioned in that paper. But cases may occur in which I shall deem it proper to pursue the opposite ; most assuredly I should do as did Dr. J. in the case of Mrs. F. “After continuing my efforts for about six hours”—long enough, in all conscience—I should probably let the placenta remain.

Dr. Jewett relates two cases ; the first, I suppose, to show the danger attending the method which I pursue—the second to prove its needlessness. Now as I do not claim the merit of proposing a new system of practice, because it is an ancient one and is adopted by a large number of our most successful practitioners, in this section at least, therefore I

am not to be considered the especial defender of such practice. The case of Mrs. C. cannot go far to show the danger of forcible removal, unless it can be shown that such removal was the remote or immediate cause of her death; but I should not myself, nor do I think that candid observers, would, attribute so sudden a dissolution to such an operation, while no hemorrhage ensued. A case occurs to me in which the causes of death may possibly be identified. An intelligent townsman of mine, a short time since, narrated to me the facts in a case of amputation of the leg which he saw performed several years ago by an eminent surgeon, who was then in this part of the country. The limb was skilfully removed, and the patient bore the operation with remarkable fortitude, scarcely uttering a groan. The arteries were soon secured; there was but little loss of blood; immediately the patient was asked by the operator how he felt; his reply was, "comfortably well." No sooner had he spoken, than a change came over his countenance, his breathing became heavier, and in two or three minutes he expired. Similar cases, I believe, are on record. What, then, was the cause of death in the above case?

Dr. J. gives his second case, I suppose, to corroborate his belief that a retained placenta is not "necessarily dangerous or deleterious" in its consequences; but if he is not already aware of such dangerous consequences, I would refer him to Dewees, Baudelocque, and to almost all authors on obstetrics, particularly to Good's Study of Medicine, Vol. IV. page 240, where he may find one case, at least, showing the fearful danger of its retention, and the happy result consequent upon its removal.

But I did not intend to mislead young practitioners by my remarks, which have excited the gentleman's fears. I had hoped that if the writings of so obscure an individual were noticed at all, they might contribute something towards the abatement of the doctrine of non-interference, with which I believe many of our young men are too thoroughly imbued; and that belief has not been weakened by a case which occurred a few weeks ago. I was called to visit, in great haste, a puerperal patient in an adjoining town. On my arrival, the distance being several miles, I found the patient put to bed and comfortable; learned that she had been in labor most of the preceding night; that about midnight the child was born; that after-pains, more or less acute, continued from that time till 9 o'clock in the morning, when an old lady introduced her hand into the vagina and removed the placenta, almost without effort, a little previous to my entrance; that the doctor—a young man of that town—left and went home about 8 o'clock, having made several slight efforts at retraction by the cord. Probably the young man had exhausted his patience and that of the assistants by adhering to the non-interference plan. Now here was a case of needless expense, unnecessary expedition on my part, vexations on the part of the friends and attendants, and discredit to the young physician—merely because he had been taught the doctrine of non-interference, and was waiting, *secundem artem*, for voluntary expulsion. As this was the young man's debut, and it proved so unfortunate to him, you may readily suppose it will require some length of time before he will be troubled with many calls of such a nature in that neighborhood.

Again, I would advise seasonable removal on account of expediency, the comfort of the patient, and the convenience of the accoucheur and assistants. I am aware, sir, that in a mild climate, or in comfortable apartments furnished luxuriously, the patient may perhaps be left, after expulsion of the fetus, for hours, undisturbed, although the placenta still remains. But fancy yourself, Mr. Editor, in the depth of winter, in the north of Maine, called from your bed at midnight to an obstetric case, several miles from your home ; having escaped *entire* congelation, you arrive at the house, if house it may be called, whose shattered ruins have survived the blasts of many a long and tedious winter ; where the stars take cognizance of its inmates by peeping unceremoniously through the open walls of the tenement, and where the mercury may be found at 30 or 40 degrees below freezing point ; at length you have succeeded in delivering the fetus, have waited half an hour or more, and no voluntary expulsion of the secundines takes place. The wind is piercing, as you may easily suppose, and your patient shuddering with the cold, lying in her wet clothes, with some probability that they, too, may prove adhesive. What will you do ? Will you wait patiently hour after hour, and run the risk of your patient taking her death-cold ? or will you, with but little trouble to yourself, as is most usually the case, bring away the placenta and place your patient comfortably in bed ? I can readily conjecture, sir, which course you would pursue. This is no fable, Mr. Editor ; it is drawn from real life in my own practice, and is not a solitary case : yet the people in Maine are not all savages nor cannibals ; and there are those among us " whom the winds of heaven are not permitted to visit too roughly."

Can it be reasonable to expect that London and Parisian authors, who know comparatively nothing of our habits and customs, and but little of our diseases, should be the best practical guides for a region like the one I have described ? I would be the last, sir, to "mislead the younger part of the profession," because I have been but too often misled myself ; but I would have them taught that if they would obtain a fee, they should earn it ; that their employers expect an equivalent for a fee ; and that when called to a case where something is necessary to be done, they should be ready to do that something. I would also convince them and the profession at large, were I able, that one cause of the very great increase of steam doctors, quackery, and patent medicines of every description, is the too rigid adherence on our part to a limited but well-trodden path ; and I would have our young men contribute their share of labor towards widening that path and clearing it of its rubbish.

One question more, Mr. Editor, before I exhaust your patience. Why will not your correspondents come out under their own signatures ? It is to be regretted that we can never know the authors of many of your valuable papers, particularly those of the " literary emporium."

Albion, Me. January 18th, 1836.

A. P. FULLER.

MEDICAL AND CHARITABLE INSTITUTIONS OF ITALY.

FROM A LETTER TO A GENTLEMAN IN THIS CITY.

[Communicated for the Boston Medical and Surgical Journal.]

IT has been my object to know this country, I mean Italy, perfectly ; and in no place have I omitted to visit its Hospitals and Almshouses ; and it is justice due to this country, to say, that these institutions do great honor to it. During the time of the Republic of Genoa, its *Albergo di Poveri* was celebrated throughout Europe, not only for its extent, but for its extreme neatness and the excellency of its internal police. It is of immense extent, containing about 3000 poor, a large proportion of whom are women and children, who are employed in different sorts of work, the produce of which goes to the support of the establishment. It may be called neat, but I did not find the degree of neatness I expected. Neatness cannot be called an attribute of the Genoese. The General Hospital here, for the reception of all the sick, is of great extent. The Hospital of the Incurables presents a shocking sight, but, at the same time, it is a sight which every man, and especially he who is disposed to complain of his own situation, ought to see. Here are about five hundred patients of all ages, from a year to three score years and ten, who have come to pass their days, because their maladies are past the reach of human skill. I saw one woman who had been a tenant 35 years, and another 31 years. But the most striking sight is the children, running about, apparently in health, but exhibiting every species and every shape of deformity, of which conception can be formed—little monsters, of which no cover of an old-fashioned picture-book, made to make a child stare and wonder, can give an idea. When I was surrounded by them I could not speak ; the trying to find an answer to the question “ what sort of creatures are these ? ” took away my senses.

One of the best regulated hospitals that I have seen in Italy, is at Parma, the residence of the widow of Bonaparte, now the Duchess of Parma and Placentia. When I was there, it contained something more than three hundred patients, but is capable of containing many more, and there was an order to render it even more extensive. I remarked a great degree of neatness in every department, to the most minute, and a system throughout the whole establishment, truly admirable. Under the same roof, but at so great a distance that there is no connection with it, is the Hospital for the Insane ; to visit this, an order from the governor is necessary, who did not hesitate to give it, on my stating that I was a stranger, and he gave with it a direction to the physician, that he should take me when he made his round of visits. The number of patients is very considerable, but a very large proportion of them in such a state as to allow them to be together. There might have been fifty men and women, confined in cells, with more or less liberty, and more or less light, as the disease was more or less severe. The cells are large enough for a bed, chair and table, and a few feet of room to walk, when it is not necessary to confine the limbs of the patient. I was there at the time breakfast was served—a soup, a piece of boiled beef, wine and bread. In the attendants I saw kindness, and everywhere neatness, and every-

thing done to render comfortable the situation of the patients.—At Bologna, there are two very extensive hospitals, apparently uncommonly well arranged, and a very large asylum for the insane at Florence also—but neatness at Florence did not strike me so forcibly as at Parma. To visit the insane, I found in every case a special permit requisite.—In Florence, the best medicines and essences are prepared at the laboratories attached to different monasteries, famous for centuries; and the shops where the medicine is sold, are really pretty things to look at. I remarked, at Parma, Bologna, and Florence, a regulation, which, I think, can do no good, but is likely to do harm to the sick. In the hospitals, there is one long ward from which wings run; in this large ward, there may be seventy to eighty beds; in one case I counted 130, about three feet apart. At one end of this ward is a large window, or more properly a large door, opening on a garden, or large open space, which gives fine air, and at the other end is a window or door, of equal size, looking on the street. On Sundays the door is open, and the people are allowed to stand at the grating and look at the sick.—At Naples there is an immense establishment for the poor, and under most excellent regulations; I believe it is the largest in Europe. The poor are employed at all sorts of work; there is a garden attached to the establishment. I was charmed at the manner with which some children gave me flowers, on my leaving the garden—and there is a theatre, in which plays are represented by the tenants of the establishment, for their amusement.—At Rome, I visited an establishment that pleased me much—where the poor, who have a taste for the fine arts, such as sculpture, painting, drawing, &c. &c. are received and taught. If they conduct themselves well, at the end of their time they are discharged, and receive, I think, 50 crowns, with which to begin the world. In this humble nest, many a bird of genius has been fledged, and flown to fill a career bright with fame and glory. These are institutions, which, I repeat, do honor to Italy, and which, to use the words of Burke, when he “looked down on London, from the dome of St. Paul’s, seem like so many lightning rods, rising to Heaven, to avert the wrath of God Almighty, indignant at the wickedness of his creatures.”

So far as I am able to judge, I do not think that the Italians have any just claim for very great merit, either in medicine or surgery. I have been in two or three sick chambers when the doctor has been called, and in every case I have heard him, after feeling the pulse, ask the patient whether he was tranquil in his mind; if lately he had been excited by any particular event; whether he had been disappointed, &c. &c. and having asked the patient, he would try to learn something from his friends, as to the appearance of the patient of late, whether he had shown signs of agitation, or of not being at his ease—and I have always remarked, that the first remedy was to send to the surgeon to bleed. The blood is kept for some time; the doctor examines it, and gives further orders. Medicine and surgery are entirely divided. After riding several days on horseback, in the months of June and July, the heat of the sun was too powerful; I thought I had symptoms of the same disease that I had in London, erysipelas. I was somewhat frightened, and had a doctor; he asked me many questions relative to the state of mind, &c.; I told him I was

perfectly tranquil, that I considered I had a fever, owing to exposure to the sun, or, in other words, that I was sun-struck. He ordered me to be bled in the arm, and in the foot, then to have something done on the neck. I told him I never was bled in my life, and did not mean to be if I could help it, and I would not follow his orders. He told me I was a self-willed Englishman, and left me. I am inclined to think that surgery, I mean that part that relates to amputation, or to the doing of it in an expeditious, *tender* manner, is far below the surgery of England, France and the United States. The fees of Italian physicians, especially in Genoa, are very low, three livres, 47 cents, a visit. Medicine is rather dear. There are some families here, who pay 100 francs, \$19, for the services of a doctor when needed, for a year. In most of the towns where there is any chance of English society, an English doctor is to be found. In Rome, for example, there is one, who has made a fortune. He charges London prices. Also in Naples and Florence, but, as more doctors come, the charges must be less. The apothecary shops are little exchanges, always full of physicians and surgeons, who amuse themselves by conversation, a game of chess, or checkers—each one has his nail, on which to attach an order, if he be absent, or in case of need, the apothecary will be sure to find him. Certain shops are frequented by certain doctors, and it is there they are to be found. The doctors dress in black. When they are called to a house, they continue to come till they are paid, so that when a person does not want another visit, he has nothing to do but to calculate each visit he has had, give the amount to the doctor as he leaves the room, and he will not come until he is called. I believe, but I do not know, that the surgeon is considered inferior to the physician; but, from everybody here believing that bleeding is good, though the charge for each may be very small, the number may make his office a lucrative one.

It seems to me, that, in Italy, all the sciences are in decay. With Italy are associated all the studies of our youth, and we expect that, on arriving there, genius, poetry, and literature will attend us, at every step; but it is not so. Where now are its poets? you now and then see a sonnet, in honor of the marriage of some prince, or to celebrate some christening, or the appointment of a person to some office, or written by some poor devil who expects a favor. Where is the author who dares write a fair history of the times that are, or of the times that are past? Let Charles Botta, who dares not visit the land that gave him birth, give you an answer. He lives in Paris, and lives poor—because he has written the truth—and his book, except in Tuscany, is prohibited. There is no national character in Italy, no true liberty; and where this is wanting, where the mind is in slavery, man and all his powers become degraded.

CASE OF FRACTURE OF THE INFERIOR MAXILLARY BONE.

[Communicated for the Boston Medical and Surgical Journal.]

I COPY from my note-book the following case. March 12th, 1832, I was called to H. C., a strong active man, aged about 30 years. I arrived about midnight at the house to which he had been carried after receiving the injury. I found him in apparent stupor, from which it was difficult to rouse him, owing, probably, in part, to an excess of alcoholic stimulation to which he was accustomed. I learned from his attendants that he had attempted, on his way home from the county seat, on a public day, to ride a race, and in passing a large tree, as he himself afterwards informed me, the horse attempted to go on one side whilst he attempted to guide him to the other; his head, jaw and shoulder struck the tree, which precipitated him to the earth; his lower jaw-bone was fractured, and the face and cheek very much contused. He was bled by a dentist who happened to be on the spot, who, like many others, felt convinced that bloodletting was the only and proper remedy for a fall. When I first saw him, several hours after this, his countenance wore a horrid aspect; his face was deadly pale, although bruised and swollen, and his pulse scarcely perceptible. On examination I found his lower jaw-bone completely separated, about the situation of the right *dens cuspidatus*; the fragments had over-lapped each other nearly one inch, and the tooth which had occupied the place of the fracture was slightly adhering to one of the fractured ends of the bone. I readily and easily adjusted the bone to its proper place, and having passed a small silver wire between some of the teeth on each side of the fracture, I tied or united it firmly over the fracture. The only remaining indication was to use further means to prevent motion of the parts, and to allow his taking food at the same time. I cut a piece of thick sole leather, and so adjusted it between the teeth of both sides of the jaw as to leave a small opening for drinks or food of a liquid kind. A bandage was now passed around the crown of the head and jaw, and another around the chin and *sinciput*, so that the jaw was firmly bound in its place, admitting of no considerable motion. A spare, cooling regimen, with salts and magnesia as a purgative, were enjoined, with quiet, &c. For several days his pulse was nearly imperceptible, but gradually recovered its natural fulness and tone. *Quere*.—Was this owing to improper bloodletting, or to a concussion of the encephalon? Nothing remarkable occurred; but progressive amendment soon made it manifest that he was again sound and whole. The tooth which was loosened in the fracture grew fast in its original place, and there was no perceptible deformity left. These remarks may be thought by some as common-place and of no interest;—they are facts, and may possibly be of use to junior members of the profession, as I once heard of a similar case, not far from me, which was managed with extreme difficulty, in keeping the ends of the bone in co-apitiation.

W. A. GILLESPIE.

Louisa County, Va. Jan. 1836.

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BOSTON, FEBRUARY 3, 1836.

RESEARCHES ON THE EFFECTS OF BLOODLETTING.*

To this well-executed translation of the Memoir of M. Louis, Dr. James Jackson has added a Preface, giving some account of the author and the course of his labors, and an Appendix, nearly as large as the main work, containing an analysis of thirty-four cases of pneumonia treated at the Mass. General Hospital. Tables are given, by means of which the effects of treatment in these cases may be compared with the results of M. Louis's observation.

In November, 1828, M. Louis published in the *Archives Générale de Médecine* a Memoir on the effects of bloodletting, principally with a view of exciting the attention of other physicians to the subject, which he was far from considering as settled by his own investigations. The book before us consists of a re-publication of that Memoir, with additional cases, tables, and remarks. In the first series there are given 75 cases of pneumonia, 28 of which proved fatal. In all these cases, with four exceptions, bleeding was practised more than once, and in some cases three or four times; the amount of blood drawn at each venesection, however, was from 10 to 15 ounces only. This, though in accordance with French usage, until a very late date, is so unlike our practice, that no inference as to the efficacy of the latter can be drawn from its results.

"Of the fifty successful cases, three were bled on the first day of the disease, three on the second, six on the third, eleven on the fourth, six on the fifth, five on the sixth, six on the seventh, as many on the eighth, four on the ninth; and the mean duration of the disease was, in the order pointed out, 12, 10, 20, 20, 22, 21, 19, 17 and 23 days."

"That is to say, if it were possible to establish a general proposition from so small a number of facts, it must be concluded that the antiphlogistic treatment, commenced the two first days of a pneumonitis, may very much abridge its duration; whilst after these two days it would make but little difference whether it was commenced a little sooner or a little later."

But M. Louis thinks—and he refers to his tables for proof—that had the number of cases bled on the two first days been greater, their average duration would also have been greater, and that we should more correctly estimate the utility of bloodletting, by taking, on the one hand, the cases bled within the four first days, and comparing them with those bled subsequently. The justice of this position of the author appears somewhat questionable; but we wish simply to state results, as he states them, and in this way he gives us, for the mean duration of pneumonia, 17 days in the first set of cases, and 20 in the second. In no instance was the disease cut short by bloodletting, as some have supposed was possible. The only treatment beside bloodletting, in the foregoing cases, was vesication. To this remedy, the author attributes but slight efficacy. His reasons are stated in connection with the second series of cases.

* Researches on the Effects of Bloodletting in some Inflammatory Diseases, and on the Influence of Tartarized Antimony and Vesication in Pneumonitis. By P. CH. A. LOUIS, Physician of the Hôpital la Pitié, &c., &c. Translated by C. G. PUINAM, M.D.; with Preface and Appendix by JAMES JACKSON, M.D. Physician of the Mass. General Hospital. Boston—Hilliard, Gray & Co.

Out of the 23 fatal cases, 18 were bled within the four first days of the disease, and 10 later. We have, then, 41 patients, in all, bled within the four first days, three sevenths of whom died; and 36 bled at a later period, of whom 9, or one fourth only, died. An "appalling result," to be sure, which M. Louis thinks in part explicable by the greater age of those bled during the first period. It proves, we think, that the whole number of cases tabulated is too small for any of the results to be regarded as laws.

The effects of bloodletting on the particular symptoms of pneumonia, viz. the *pain*, the *adhesive, rusty, semi-transparent sputa*, the *crepitation, bronchial respiration*, and *dulness on percussion* over the affected part, the *acceleration of the pulse, heat and sweating*, were carefully noted by M. Louis. The results are not more satisfactory than those which regard the duration of the disease. In no instance were these at once removed by venesection.

"Thus, the study of the general and local symptoms, the mortality and variations in the mean duration of the pneumonitis, according to the period at which bloodletting was instituted; all establish narrow limits to the utility of this mode of treatment. Should we obtain more important results, if, as is practised in England, the first bleeding were carried to syncope?"

In the second series of cases observed at la Pitié, the author says he employed bloodletting to the extent of 20 or 25 ounces or more, or even to syncope, with being decidedly more successful. His table, however, if we rightly understand it, does not show that bleeding to this extent was practised on either of the two first days, unless in one instance, though it may have been barely done on the third and fourth days. As it respects mortality, the difference between the two series is remarkable. Out of 29 cases of pneumonia, 4 only were fatal. Dividing the 25 successful cases into two classes, as they were bled before the fifth day and afterward, we have for the mean duration of the disease, in the first set, 15 days and a half, and in the second 18 days and a quarter, showing a more marked influence from bloodletting than was observed in the former cases.

To explain the remarkable difference in the mortality between the two series of cases, the ratio being 1 to 2, 79 in the first, and 1 to 7, 25 in the second, we learn that in the latter, vesication was wholly omitted, and that beside losing a larger quantity of blood, 17 of the patients who recovered took antimony in large doses, that is to say, from 4 to 12 grains a day during four to seven days. The details given by M. Louis leave no room for doubt as to the favorable influence of the antimony, and it will probably be readily admitted that neither the antimony nor vesication was employed except in severe cases. The mean duration of the 17 cases in which the former was given was 15 days, that of the 25 cases at la Charité in which blisters were used, was 22 days. From this difference, the age being in favor of the patients vesicated, our author infers that vesication is of little or no value. He says—

"I have not only rejected vesication from the treatment of pneumonitis, I have also ceased to employ it in pleurisy and pericarditis. I have treated, within five years, about one hundred and forty cases of pleurisy at la Pitié (I include here only those who were in perfect health at the time they were attacked), without having had recourse to vesication in a single instance; and they all recovered. I have had the same success in more than thirty cases of pericarditis occurring in individuals healthy up to the period of attack. It must be admitted that these facts render the utility of vesication in acute diseases of the chest still more problematical.

"I was induced to reject vesication from the treatment of acute thoracic inflammations, because, as I have before said, an attentive study and rigorous analysis of facts forced me to acknowledge that acute inflammatory affections, far from preserving from inflammation, organs which are not the primitive seat of disease, are in truth an exciting cause of inflammation; insomuch that the more severe the primitive inflammatory affection, and the more considerable the accompanying fever, the more are the secondary inflammations to be dreaded. And how, then, can we believe that the effect of a blister is to check an inflammation, when this blister is one inflammation superadded to another?"

M. Louis may be correct in his estimation of the utility of vesication, but it is purely a question of fact, and although he acknowledges the reasoning in the paragraph last quoted to be not strictly rigorous, yet he does evidently allow more weight to it than it seems to us to deserve. Does he not, in fact, beg the very question at issue?

The final results of the investigations we have been reviewing, are—
 1st. That bloodletting shortens the duration of pneumonia, though less than has usually been supposed. 2d. That pneumonia is never arrested at once by bloodletting in its early stages. "If an opposite opinion is maintained, it is because this disease has been confounded with another; or because, in some rare cases, the general symptoms rapidly diminish after the first bloodletting. But then the local symptoms, crepititation, &c. for the most part, continue to be developed not the less for this evacuation." 3d. That in severe cases, antimony, in large doses, has a favorable influence on the disease. 4th. That in acute thoracic disease, vesication may be dispensed with.

The author gives, in separate articles, the results of his observation in 33 cases of erysipelas of the face, 21 of which were bled and lasted 7 1-4 days on the average, 8 being the mean duration of the 12 not bled; also of 11 other cases of the same disease observed at la Pitié, 6 of which had no evacuation, sanguineous or other, and lasted 3 1-4 days, while in those who were bled the mean was 10 1-2. The disease in those not bled was very mild, less so in the others.

Of 35 cases of angina tonsillaris, 23 only were of any violence. 13 of these were bled, and their average length was 9 days; that of the others, 10 1-4 days.

Whatever may be the results of future investigations, as to the influence of large and early bleedings in pneumonia, we believe M. Louis's conclusions against its efficiency in erysipelas and angina will not be found far from the truth.

Next week we shall endeavor to present remarks on that part of the book written by our distinguished townsman, Dr. James Jackson.

ANIMAL MAGNETISM.

ON Friday evening last, we attended, by invitation, a lecture on this unfathomable science, by M. Poyen, a physician of the medical faculty of Paris. It was his object, particularly, on that occasion, to detail the circumstances to be attended to on the part of the operator as well as patient. Though M. Poyen has been in this country but a comparatively short time, he articulates the English language agreeably, and gave abundant evidence of a familiar acquaintance with the history and effects of animal magnetism. Some of the cases recited were of a most extra-

ordinary character, particularly such as related to the transmutation of fluids. That he is a scholar, and a well-educated physician, seems to be substantiated by gentlemen of the first respectability. As we may hereafter publish in the Journal the most interesting part of the lecture here alluded to, it is unnecessary to anticipate the spirit of it in these remarks. After the audience had retired, with the exception of two or three physicians, and some other gentlemen who happened to be in conversation with each other, it was announced that Mr. Nichols, editor of the Standard, then present, possessed the magnetic power. After some persuasion, a young man seated himself for the experiment. Though the process had scarcely commenced, he raised himself, and made objections against its completion, on account of a drowsiness coming on. He afterwards resumed the seat, however, and finally, to all intents and purposes, had the appearance of being in a quiet slumber! On questioning him, he said that though exceedingly drowsy, he was not wholly unconscious of external impressions.

With reference to testing the truth of an observation, that a person might be raised, in a recumbent posture, from the floor on the tip of the fore fingers of four men, if they first inflated the lungs and then expired the air all at the same moment, Mr. Nichols took the prescribed position, and to the astonishment of all present, he was lifted with the utmost ease, several times, breast high. There could be no mistake or necromancy in the business. We assisted twice—and certainly recognized nothing like the sensation produced by a heavy weight. Drs. C. T. Jackson and J. D. Fisher, equally curious and critical in their observation on the phenomena of animal magnetism, also assisted, and freely confessed that they were not sensible of sustaining any considerable burden. Mr. Nichols weighs one hundred and sixty pounds. Verily this is an age of wonders! Though we by no means intend to allow the organ of marvellousness to get the ascendancy, yet we really begin to expect a revivification of Bishop Berkley's notion, that terrestrial existence is only ideal.

MEDICINAL LEECHES.

THE following notice has been sent to us for publication. The generosity manifested by the Mass. Med. Society in offering so large a premium, will doubtless induce gentlemen, not perhaps intimately connected with the profession, to commence experiments with a view to determine the point, whether leeches, of the true species, can be propagated here or not. From a recent conversation with Mr. Stone, a druggist of Roxbury, whose minute knowledge of pharmaceutical chemistry is already appreciated by the community, we are inclined to the opinion that he possesses an uncommonly accurate acquaintance with the natural history of the leech, which will enable him to pursue a series of investigation, with reference to this subject—so full of interest to physicians and the community.

“ At the last meeting of the Counsellors of the Massachusetts Medical Society, a Committee was appointed to receive applications from any persons who may claim the premium of five hundred dollars offered by the Society, for the best sample of not less than one thousand leeches from a foreign stock, bred in this Commonwealth, and award the same at the expiration of seven years, if occasion should be. The following gentlemen were appointed the Committee:—

Drs. Nathaniel Miller, of Franklin. W. Channing and Benj. Shurtleff, of Boston. W. J. Walker, of Charlestown. A. L. Peirson, of Salem. E. Buck, of Malden. G. Willard, of Uxbridge. E. Mather, of Northampton. A. F. Stone, of Greenfield. D. Bemis, of Springfield. A. G. Welsh, of Lee. H. Orr, of Bridgewater. E. Alden, of Randolph. W. C. Whitbedge, of New Bedford, and J. Sampson, of Brewster.

It was voted, that the Recording Secretary renew the offer of a premium for the proliferation of leeches, by publishing it together with the names of the Committee who are authorized to receive applications for the same.

JOHN HOMANS, Recording Secretary Mass. Med. Society.

To Correspondents and Subscribers.—A paper on Abscess of the Spleen, from Batavia—Quackery, from a travelling physician—Report of the Trustees of the Med. College of Ohio—besides other favors, for our next number, are acknowledged.—~~W~~ We feel compelled to decline the publication of an article dated Jan. 28th, from —, not from any unfriendly feelings towards the writer, but because we are fully persuaded that it is a work of supererogation on his part.—The Title-page and Index of Vol. XIII. will be sent in a future number.

DIED—At New York, George Griswold, M.D. aged 31; Dr. Xavier Saubert, formerly known as the Fire King—killed by the explosion of a chemical mixture.

Whole number of deaths in Boston for the week ending Jan. 29, 35. Males, 16—Females, 19.
Of inflammation of the bowels, 2—measles, 2—child-bed, 1—teething, 3—brain-fever, 1—pleurisy, 1—hooping cough, 1—consumption, 3—croup, 1—infantile, 5—liver complaint, 1—insane, 1—bowel complaint, 1—scrofula, 1—stoppage in the bowels, 1—burn, 1—Inflammation of the lungs, 1—accident, 1—old age, 1—disease of glands, 1—intemperance, 1—disease of spine, 1—lung fever, 2.

ADVERTISEMENTS.

SCHOOL OF MEDICINE, AT WOODSTOCK, VERMONT,

CONNECTED WITH MIDDLEBURY COLLEGE.

(Incorporated by the Legislature of Vermont, October, 1835, with the power of conferring Degrees.)

The Annual Course of Lectures, at this Institution, will commence on the second Thursday (10th day) of March next, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by H. H. CHILDS, M.D.

Physiology and Surgery, by WILLARD PARKER, M.D.

Chemistry and Materia Medica, by DAVID PALMER, M.D.

Anatomy, by ROBERT WATTS, JR., M.D.

Medical Jurisprudence, by NORMAN WILLIAMS, A.M.

Demonstrations in Anatomy, by OTIS PERHAM.

The usual number of Lectures will be *free*, daily—besides the Demonstrations in Anatomy and occasional evening examinations. Considerable additions are now making to the Chemical Apparatus; and opportunities will be furnished to students for practical Anatomy, arrangements for that purpose having been made last year in the city of New York. ~~W~~ No subject for dissection will be received from any person, or on any terms.

Fees for the course—\$15. Graduation—\$18. For those who have attended two courses, but do not graduate—\$10. All the above expenses to be paid in advance, or secured by note, with a satisfactory endorser, to DAVID PIERCE, Esq. Treasurer of the Institution. Board is usually furnished at from \$1.50 to \$2.00 per week, including room, board, lights, and washing.

Students are requested to come provided with two or more standard works on each of the above designated branches of study. The term will commence with Lectures on Anatomy, Chemistry, Physiology, Surgery and Materia Medica. Degrees will be conferred at the close of the Lecture Term.

Examinations will be conducted by the Medical Faculty, in presence of a delegation from the College, and a Committee appointed by the Justices of the Supreme Court, pursuant to the provisions of the act of incorporation. Requisites to an examination are, that the student produce satisfactory testimonials of moral character, and of his having studied three years with a regular practitioner; that he shall have attended two courses of public Lectures, one of which must have been at this institution; and that he shall have attained the age of 21 years. By order of the Board of Trustees,

6t

E. HUTCHINSON, Secretary.

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